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The Hampden Hippocrat

A Bulletin for the Hampden District of the Massachusetts Medical Society

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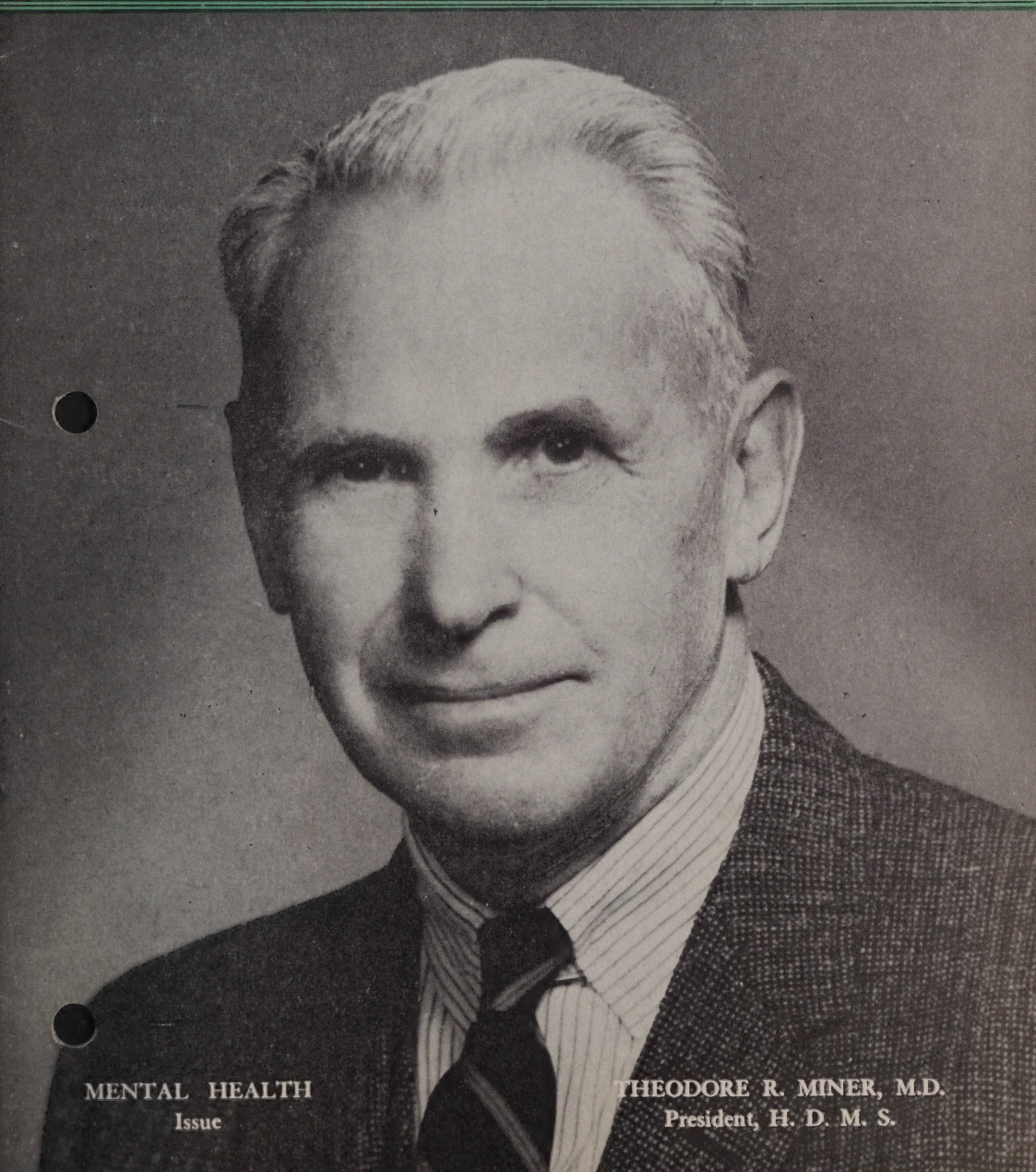

MENTAL HEALTH
Issue

THEODORE R. MINER, M.D.
President, H. D. M. S.

Hampden District Medical Society

1414 STATE STREET — SPRINGFIELD, MASS.

Telephone: REpublic 6-0661

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The Hampden Hippocrat

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Hippocrates

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THE HAMPDEN HIPPOCRAT, MAY, 1964

SPECIAL ARTICLE

THE A.M.A. COUNCIL ON MENTAL HEALTH

by GEORGE E. GARDNER, M.D., BOSTON
Member, Council on Mental Health (AMA) and Committee on Mental Health (MMS); Member, Governor's Council on Mental Health

One of the very important programs of the A.M.A. is that carried out by its Council on Mental Health. It consists of nine members. Its present chairman is Dr. Hamilton Ford, Galveston, Texas.

Its History

In 1930 the Board of Trustees of the American Medical Association appointed a temporary Committee which made a three-year study of the over-all aspects of mental health. The report of that Committee covered such items as:

(1) Scope of treatment, (2) Prevention of mental illness, (3) Relationships between the medical profession and lay groups in other organizations for mental health administration, and (4) Legal aspects of mental health.

The temporary Committee recommended the establishment of a permanent bureau or Committee on Mental Health.

As the extent of the problem became apparent and particularly as a result of experience gained in World War II it became evident that a standing committee was necessary. The Board of Trustees of the Amer-

ican Medical Association in June of 1951 appointed a Committee on Mental Health. In 1955 this Committee was established by the Board of Trustees as a permanent Council on Mental Health.

The Committee, in 1953, adopted the following objectives and undertook their implementation:

(1) Better integration of psychiatry into medical education in postgraduate as well as undergraduate education.

(2) Publicizing and supporting the need for establishment of psychiatric units in general hospitals.

(3) Consideration of the responsibilities and training of associated personnel — such as clinical psychologists, psychiatric social workers, etc.

(4) Establishment of cooperative relationships with other national groups in the field.

(5) Coordination of relationships between the AMA Committee (later Council) and the committees on mental health of the state medical associations.

(6) Education of physicians in the field of alcoholism.

(7) Intensive study of narcotics and narcotic addiction in this country.

(8) Support of development of mental health clinics.

(9) Consideration of laws relating to commitment of the mentally ill.

(10) Public education in mental health through general media — radio, television, and publications.

The Council on Mental Health's activities in several of these areas have grown into intensive and continuing programs.

Its Activities

For example, a meeting is held annually at Association headquarters of representatives from state and U. S. territorial medical societies. These representatives are chairmen of the mental health committees of the state societies. In the last two years Commissioners of mental health of the states and territories have been invited to attend. Each of these meetings is centered about panel discussions of several aspects of a central theme concerned with mental health and mental illness. The proceedings of these Conferences are published and distributed annually.

The Council has also recognized the great need for studying the medical problem of alcoholism at both the educational and treatment level. In 1954, a Committee on Alcoholism was established by the Board of Trustees on the recommendation of the Council on Mental Health. This Committee has developed an 18 point program which contains the elements of a well-integrated program in the field of alcoholism for national, state and county medical societies. Some of the accomplishments of this Committee have been:

(1) Promotion of the recommendation approved by the American Medical Association's House of Delegates that alcoholics be treated within general hospitals. (continued on page 4)

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(2) Setting up "institutes" on alcoholism, staffed by members of the Committee for purposes of educating the physician.

(3) Preparation of a "Manual on Alcoholism" for the use of physicians in treating alcoholic conditions.

(4) Development of exhibits on current medical views concerning treatment of alcoholic patients.

(5) Development of curriculum for teaching about alcoholism in medical schools.

(6) Establishment of uniform terminology and definitions in the field of alcoholism.

(7) The Council has also concerned itself with the problem of narcotic addiction in the United States.

The American Medical Association, through its Council on Mental Health, working closely with the American Psychiatric Association and representatives of 36 national organizations, was instrumental in the creation and development of the Joint Commission on Mental Illness and Mental Health in 1955. The final report of this Joint Commission was made public with proposals for a program which will have tremendous influence on the care of persons with mental illness. The Council on Mental Health has always felt that the Joint Commission on Mental Illness and Health was in actuality an extension of the effort of the American Medical Association acting through its Council in the field of mental illness.

In the fall of 1962 the Council held the A.M.A. First Congress on Mental Health, in which over 1,000 physicians participated. In April of 1964 it held its Conference on Mental Deficiency. In the fall of 1964 the Second Congress on Mental Health will be held in Chicago.

Its Future

The efforts of the A.M.A. in the area of mental health and mental illness during the past ten years have been primarily, although not exclusively, directed toward physicians. The future program will include the following activities:

(1) An intensification of efforts to introduce more teaching of psychiatry in medical education, both at the pre and post-graduate level.

(2) Introduction of further use of psychiatry in the field of pediatrics.

(3) Introduction of further use of psychiatry in the field of geriatrics (particularly in the general practitioner area).

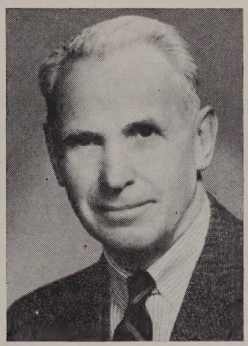
(4) Establishment of a Committee (jointly with the Council on Drugs) to study and provide up-to-date information on psychopharmacology.

(5) Intensification of efforts to further coordinate the work of the Council with the work of committees on mental health of the state medical associations.

(6) An intensive study and recommendations for the better handling of mental retardation and the convulsive disorders.

(7) Intensive studies in cooperation with the AMA Legal and Socio-Economic Division of medico-legal problems in the field of psychiatry. #

President's Page



INAUGURAL REMARKS

In accepting the presidency of the Hampden District Medical Society, I am fully aware not only of the great honor you have accorded me, but also of the tremendous responsibilities inherent in this office. This is particularly true today when the very foundation of our historic independence in the care of the sick is being threatened by political interests and by the ever increasing danger of federal government intervention.

If I am any judge of the truly fine spirit of rugged individualism of the members of our Society, they will not take these threats lying down.

With the help of each and every member I shall endeavor to keep this Society on the same high plane of accomplishment which has been made possible by the fine leadership of my predecessors.

Theodore R. Miner, M.D.

ANNUAL MEETING (APRIL 28) HIGHLIGHTS

Place: Shaker Farms Country Club, Westfield . . . Dinner: Roast Beef . . . Attendance 137; Reservations 143.

President Murray calls meeting at 8:40 P.M. . . . He calls for a moment of silence in tribute to members who died since the last annual meeting: Drs. Harold F. Owens, Azel P. Barney, Robert E. Andrews, Edward Katz, Edward J. Roy, John R. Agnew, Merrill F. Hosmer, and Theodore S. Bacon. . . .

All informational committee reports, as published in the April Hippocrat, are approved. . . . Treasurer's report with recommendation that dues be continued at $35., is approved. . . . Dr. Pokorny, Chairman of the Public Health Committee, presents a brief interim report of the Polio Program (see page 13). . . . The following recommendation is approved: "Be it resolved that the Hampden District Medical Society go on record as expressing its wholehearted support to the Massachusetts State Department of Health in its pursuance of the Vaccination Assistance Program." . . . Dr. Wales presents Building Committee report (see page 10). . . . Report of the Nominating Committee, as presented by Dr. Hurley, is approved (see page 14).

Outgoing president Dr. Murray in his farewell remarks commends the several members who have made outstanding contributions to the Society. These are: Drs. Byrnes, Emery, Memery, Miller, Nero, Pokorny, Whitney and Executive Secretary Mrs. Purdy! . . . Inaugural remarks from incoming president, Dr. Miner are read in his absence by Dr. Memery (see President's Page). . . . A list of the chairmen of the various committees for the coming year is presented. (A complete list of all committees will be published in the June issue of the Hippocrat.) . . . Meeting adjourns 9:30 P.M.

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GUIDE LINES IN MENTAL HEALTH
(The MMS's Adopted Resolutions)

by Jerome A. Whitney, M.D., Chairman
Mental Health Committees, MMS and HDMS

Proceedings of the Council - Oct. 3, 1962

A resolution from Essex South District Medical Society was presented as follows:

Whereas, there have been efforts to convince the general public and medical profession that the expense of psychiatric care and treatment is such that it can be financed only by the Federal Government, and

Whereas, there is an increasing tendency to relegate all psychiatric care to state and federal agencies, and

Whereas, the tendency towards increased federal/state encroachment in the field of psychiatric care and treatment threatens the private practice of psychiatry, and

Whereas, the preservation of the private practice of psychiatry is essential to the maintenance of the private practice of medicine, be it therefore

RESOLVED, That the MMS opposes the efforts of federal and state agencies to take over the private practice of psychiatry, and be it further

RESOLVED, That copies of this resolution be sent to the American Medical Association and appropriate psychiatric associations.

Under suspension of the rules the Council voted approval.

A resolution presented by Essex South read as follows:

Whereas, the care and treatment of mentally ill patients is, in some areas, under the direction. supervision and control of non-physicians, be it therefore

RESOLVED, That the MMS affirm the principle that the care and treatment of mentally ill patients be under the direct control and supervision of physicians.

Proceedings of the Council, May 3, '63

Recommendations

(Committee on Mental Health)

Whereas the President of the United States in his message to Congress on mental illness and mental retardation, delivered on February 5, 1963, recommended community mental health centers "ideally . . . . located at an appropriate community general hospital . . . . " as the chief vehicle for improved care of the mentally ill, be it

1. Resolved, (that the MMS approve the principle) that such community mental health centers be an integral part of the existing general hospitals and under the direction of the same board of trustees and that centers for the intensive study and care of the mentally retarded be established in the general hospitals as a part of the com-

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munity mental health center and that this resolution be presented by our Society to the House of Delegates of the AMA for study and report at the next meeting of the House of Delegates, and be it further

2. Resolved, that the mental health units as proposed by the Commissioner of Mental Health be disapproved at this time until a study has been made by physicians, including an official representative of the MMS, to determine if these units are the best way to meet the psychiatric needs of the people.

3. Resolved, that all possibilities for developing psychiatric care in general hospitals as an integral part of those hospitals and under local control should be explored before the State takes further steps in expanding psychiatric care.

Proceedings of the Council—Oct. 9, '63

It is the recommendation of this Committee: (Ad hoc Committee)

(1) That the MMS encourage and provide all possible support to those general hospitals interested in establishing and developing appropriate facilities for the admission and treatment of patients with mental illness.

(2) That it continue to negotiate with Blue Cross-Blue Shield and with commercial insurance companies to the end that coverage for mental illness be extended appropriately in contrast to the present restrictions.

(3) That the individual district societies, hospital staffs and communities which have or which desire to have facilities for the care of psychiatric patients mutually work out plans which will meet local needs most effectively.

(4) That representatives of the MMS continue to work cooperatively with the State Department of Mental Health towards the establishment and development of facilities which will provide the best possible care for psychiatric patients of all categories within the Commonwealth.

These resolutions approved by the Council represent the policy of the MMS.

The resolution of Hampden District (October 9, 1963) was also approved by the Council of the MMS.

Whereas, the Mental Health Committee of the HDMS is of the opinion that the Pioneer Valley area should have a mental health center, and

Whereas, they feel that it should be a joint effort of the state and local district medical society, and

Whereas, the State Department of Mental Health refuses any local control over such a center, therefore, be it

Resolved, that the MMS enter into negotiation with the State Department of Mental Health with a view to mak-

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ing possible joint control of such a center.

S699 introduced in 1964 in the Massachusetts General Court would give the mentally ill the same financial consideration in all hospitals as apply now to the deaf, dumb and blind.

A resolution to request repeal of (Massachusetts) General Law 123 (Section 2) shall be considered at the May 18 Council Meeting, which reads:

"S2. Care of Mentally Ill, Epileptic and Mentally Deficient Persons.

"The Commonwealth shall have the care, control and treatment of all mentally ill, epileptic and mentally deficient persons, and of alcoholics and drug addicts, the care of whom is vested in it by law.

"No county, city or town shall establish or maintain any institution for the care, control and treatment of mentally ill, epileptic or mentally deficient persons or be liable for the ard, care, treatment or act of any inmate thereof."

It is unfortunate that Massachusetts, the home of the President whose mental health program has been enacted, is unable because of State laws to implement its community features.

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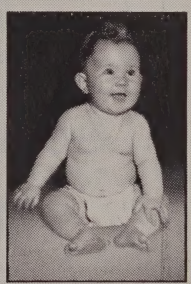

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BUILDING COMMITTEE REPORT

In May, 1963, the Executive Committee of the HDMS appointed Drs. B. Lincoln Wales, Jr., Malcolm S. Allan, and Francis Riley as a building committee to develop plans and obtain contractors' bids for appropriate expansion of the Society's present office space. These instructions were carried out with final architect plans being drawn up by Caolo Associates. Bids were solicited and received from three building contractors of excellent reputation in the community; C. H. Duncan, William Bergamini, and A. J. Dufault & Son. Two of these bids were so close that it was with difficulty that 66 2/3% of the committee decided to accord the contract to A. J. Dufault & Son.

The work was promptly begun and completed in accordance with the specifications. After approval by the Executive Committee the contractor was paid the agreed sum of $4,816.19 February 19, 1964 for completion of the work.

Present expanded office facilities have now been in use for several months and have served a crucial need with the Society's Polio Immunization Program reaching its full tide of operation at this time. The regular committee meetings have been held in our new rooms and members have shown admirable restraint in any remarks, as to color schemes, choice of floor tile, etc. which they may have been constrained to make. With over fifty committee meetings per year in addition to the constant work flow handled by the Society's hard working Executive Secretary, the construction of these additional facilities is certainly justified.

B. L. Wales, Chairman

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THE PROPOSED COMPREHENSIVE MENTAL HEALTH CENTER

by RALPH T. MILLER, M.D.
HDMS's Representative to the Implementation Committee,
Community Council, Springfield

The Mental Health Center program had its inception in a study carried out in 1962. The State Commissioner of Mental Health had requested the Community Council of Springfield to set up committees to study the problem and to submit recommendations to the Department of Mental Health. On October 22, 1962 the Study concluded that a mental health center in this area was desirable; that such a center be under local control; and that it be integrated with a general hospital in order to take advantage of its consultation and laboratory facilities.

In May, 1963 the MMS went on record as favoring delay in the creation of mental health centers and endorsing the expansion of psychiatric services in general hospitals. Congress, also, emphasized the same theme of local control, close association with a general hospital, and the use of local psychiatric resources. Local hospitals, or any other non-profit organization, may apply for funds to construct mental health centers but there is no provision in the federal grants for the staffing of these centers. Also, all grants are subject to approval by the State Commissioner of Mental Health.

While waiting for Congress to act on these centers, one of our local Representatives to the Massachusetts Legislature introduced a bill (S904), instructing the Commissioner of Mental Health to construct and staff a comprehensive mental health center in Springfield and that money be appropriated for this purpose. Enacted on August 8, 1963, this accelerated the activities of the local groups who opposed complete state control of such a center. On October 3, 1963 the six representatives of the HDMS were requested by the Community Council to serve on the Implementation Committee of the Proposed Mental Health Center. On April 6, 1964 this committee reported its recommendation to the Commissioner of Mental Health.

The Hampden Resolution

State control was almost unanimously opposed for a number of reasons, chief of which was the inability of the State to staff properly even existing mental hospitals. Secondly, many local agencies, interested in this field, felt capable of providing better and more comprehensive mental health care than the State could provide. The laws of the Commonwealth, on the other hand, give the Commissioner of Mental Health jurisdiction over the treatment of the mentally ill and make him accountable for funds appropriated for this purpose, thus barring legally any local control. For this reason the

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HDMS introduced a resolution in the Council of the MMS to sponsor State legislation which would legalize local control. This resolution was approved by the Council in October, 1963 and the State Committee on Mental Health is now asking legislative counsel on the subject. This is difficult legislation to achieve because it involves changes in the Constitution and in the Parochial School Acts of Massachusetts.

In the meantime, a compromise resolution is being sought along the lines of the present Child Guidance Clinics which have a modicum of local control and use local funds to supplement the State appropriations. Accordingly, recommendations are being planned which hopefully envision a mental center, in connection perhaps with the new medical school hospital, which would provide comprehensive mental health services to the Connecticut Valley area. This center would provide consultation services to smaller centers of the small towns in the area, and also act as an out-patient department to the Northampton State Hospital. It would house clinics for the mentally retarded, court offenders, child guidance problems, alcoholics, etc. It would be capable of coping with acute psychiatric problems and would offer a 40 bed in-patient diagnostic and therapeutic facility. Finally, the center would be available to the local psychiatrist for the treatment of his private patients and would at the same time make use of his services in the conduct of its work.

The administration of such a center would be by a Board of Directors representing workers in the field of mental health and others to be nominated by the chairmen of the three sub-committees of Implementation Committee. A strong medical advisory Board is also recommended, 50% of which would consist of practicing psychiatrists. Funds to supplement the State appropriations would come from Community Chests of the area.

These tentative plans have been approved by the Implementation Committee of the Community Council, and now await action by the State Commissioner of Mental Health.

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POLIO CLINICS: PROGRESS REPORT

by Norman A. Pokorny, M.D., Chairman
Public Health Committee

The HDMS's first oral "Polio Sunday" ended by mid-evening on April 5. Some 125,000 doses of trivalent vaccine had been administered by then, at 41 clinics in 23 communities in the area.

The day went into high gear at 7 a.m. at the Civil Defense Center, Springfield Municipal Hospital, where the workers gathered to add vaccine to supplies already boxed for delivery to the clinics. By 9:30 a.m. some 50,000 doses of vaccine had been packaged, and all supplies for communities outside of Springfield, were on their way.

Beginning 11 a.m., four telephones in the Civil Defense Control Center were manned almost continuously until 4 p.m. and one, for several hours thereafter. There was a continuous stream of requests from 11 a.m. to 3:30 p.m. The first call at 11:05 a.m., was from Longmeadow, requesting an additional supply of vaccine.

Involved in staffing the 41 clinics were some 540 persons: 78 physicians, 27 members of the Auxiliary and 5 of their daughters, 98 nurses, 62 druggists, 228 women volunteers, and 74 Boy Scouts. Auxiliary and regular police — about 50 in Springfield alone — and some 100 civil defense personnel throughout the District were involved in keeping vaccine and other supplies flowing to clinics.

Center for the entire operation, as mentioned earlier, was the Springfield Civil Defense Control office. Two Civil Defense Sectors, with headquarters in Blandford and Wilbraham, served as supply areas for West and East of Springfield, respectively. To keep in touch, the Civil Defense radio network was used.

"Wellbee", too, was in the Hampden District on April 5, urging all to get their first "drink." Because of the large crowds at the clinics and the heavy Sunday traffic, "Wellbee" was able to visit less than half of the clinics. Similarly, two teams from the Mass. Department of Public Health were able to visit less than half of the polio clinics to assist in the evaluation of the program.

During the three weeks prior to April 5 the HDMS office was a busy place indeed. Some four to five tons of material — for the public and the clinics — were distributed across the District. About 1,400 pieces of mail went out to approximately 300 agencies, 100 industries, 55 newspapers, radio and television stations, and to college and industrial publications.

The results speak for themselves. 125,000 people received their "polio drinks." This was made possible only through the close cooperation of the HDMS, 23 local Boards of Health, the Mass. Department of Public Health, and a number of other organizations and agencies in the area. Without this splendid cooperation there would have been no Program.

The second Polio Clinic will be held on June 7th.

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REPORT OF
NOMINATING COMMITTEE
April 28, 1964

Your Nominating Committee presents the following slate of officers for the year 1964 - 1965:

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Vice-President & President-Elect: Henry Burkhardt

Secretary: Harry N. Memery

Treasurer: B. Lincoln Wales, Jr.

Assistant Secretary: John F. Griffin

Executive and Grievance Committee — Terms to exprire 1967
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Commissioner of Trials: Alfonso A. Palermo

Supervisory Censor: Samuel B. Potsubay (Term expires 1967)

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Joseph M. Baker	Max Millman
Wayne C. Barnes	Ralph T. Miller
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Elmer F. Franseen	Samuel B. Potsubay
Donald R. Hayes	Thomas F. Reilly
Myles G. Illingsworth	Joseph Rini
Howard P. Kennedy	H. Bernard Tillman

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Robert N. LaMarche

Legislative Councilor:
Robert W. Emery

Nominating Councilor:
Thomas F. Reilly

Alternate to Nominating Councilor:
Malcolm S. Allan

Representatives to State Committee on Tax Supported Medical Care:
Harry J. Roberts

Respectfully submitted,

Frank E. Hurley, M.D., *Chairman*

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Past Presidents of M.M.S.:
Edward P. Bagg, George L. Schadt, and
Allen S. Johnson

OUR OFFICERS

B. Lincoln Wales, Jr., Treasurer; Henry Burkhardt, President-Elect; Martin B. Murray, Outgoing President, and Harry N. Memery, Secretary.
(Incoming President Dr. Miner was in Europe.)

ATTEND

the

183rd ANNUAL MEETING

MASS. MEDICAL SOCIETY

TIME:	Tues., Wed., Thurs. May 19, 20, and 21
PLACE:	Statler Hilton Hotel Boston
AGENDA:	Annual Meeting Lectures and Films Section Luncheons Scientific Exhibits Technical Exhibits Golf Tournament Annual Discourse Shattuck Lecture
ANNUAL DINNER:	Wed., May 20, 7 p.m.

ATTENTION COUNCILORS-

The Annual Meeting of the Council will be held on Monday, May 18. The Meeting will convene at 10:00 A.M.

AUXILIARY DOINGS

The Woman's Auxiliary represented here by Pres. Mrs. Charles A. Diamond (standing in back of "Polio" container), participated very actively in the Polio Program.

The Annual Meeting of the Woman's Auxiliary to the HDMS was held on April 14th at Vincent's Hill House. Annual reports were made by chairmen of the various committees. The President's report was presented by the out-going President, Mrs. Charles A. Diamond.

The Nominating Committee presented the following slate of officers for the coming year:

President: Mrs. Emanuel Wiedman, Longmeadow

President-elect: Mrs. Raymond F. Conway, Holyoke

Recording Secretary: Mrs. L. E. Pfeifer, Springfield

Corresponding Secretary: Mrs. Edward F. Caruso, Springfield

Treasurer: Mrs. Harry J. Corwin, E. Longmeadow

Scholarship Treasurer: Mrs. Frederick A. Post, W. Springfield

The Board of Directors will be Mrs. Leon M. Kruger, Mrs. Oliver J. Menard, and Mrs. Charles A. Diamond.

Honored guest and installing officer was Mrs. Eugene Holden of Amherst, outgoing President of the Woman's Auxiliary to the MMS. Another honored guest at the meeting was Mrs. Jost J. Michelsen, of 33 Marlborough St., Boston, president-elect of the state auxiliary.

MENTAL HEALTH CENTER LOCATION?

A poll authorized by President Murray was conducted recently by The Woman's Auxiliary to the HDMS.

"Which location for the proposed Mental Health Center do you favor?"

Of 241 physicians contacted the following answers were obtained:

Municipal Hospital Area	111
Springfield Hospital Area	43
Other areas	51
Medical School Area	4
No opinion or more information desired	22

In recognition of Doctor's Day, the Auxiliary presented $50 to A.M.A.-E.R.F. on March 30th in the name of Dr. Seth A. Lewis, to commemorate his fifty years in practice and to honor him and all doctors of Hampden District.

Mrs. Carlo Q. Montori
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COMING EVENTS

EXECUTIVE COMMITTEE MEETINGS, MAY 26 and JUNE 16

INDOCTRINATION DINNER-MEETING, JUNE 2

HAMPDEN DISTRICT MEETING, SEPTEMBER 22

M.M.S. ANNUAL MEETING, MAY 19, 20, and 21 (Page 16)

A.M.A. ANNUAL MEETING, SAN FRANCISCO, CAL., JUNE 21 - 25

INTERNATIONAL DIABETES FEDERATION,
TORONTO, JULY 20 - 24

EIGHTH INTERNATIONAL SOCIETY OF INTERNAL MEDICINE,
BUENOS AIRES, ARGENTINA, NOVEMBER 23 - 28

A.M.A. CLINICAL MEETING, MIAMI BEACH, NOV. 29 - DEC. 2

PUBLIC RELATIONS COMMITTEE
(Annual Report, 1964)

This has been an active year for the Society.

The foremost effort has been in connection with the polio Sunday campaign. Mr. Charles Freeman has been engaged to plan and coordinate all public relations aspects of this project. His professional handling of this has been exemplary. We have learned a great deal from him.

The second most important approach has been the inauguration of a program on W.M.A.S. with Ken Le Mere. A representative of the Society will participate in weekly discussions of medical interest to the laity. This has been a great opportunity for us. The programs are already under way.

Perhaps of the most value to the Society was the medical press meeting held this Fall. Here we learned how to reach the press. Our mutual problems have been discussed in a frank, open manner. We were pleased with the attendance on the part of the important men of the various news media. Our executive secretary has a comprehensive list of the various people to contact on specific news items.

A very fine meeting was held with the Druggists Association and mutual problems discussed. Press conferences have been arranged for the Medico-Religious section.

Finally, let me thank my fellow committee members, the officers of the Society, and particularly Dr. Harry Memery, for their support and encouragement.

W. W. Byrnes, M.D.
Chairman

Anything on your mind? Share it with the Hippocrat.

EMERGENCY MEDICAL SERVICE
Annual Report - 1964

This report rounds out five years of service on this committee, and these have certainly been very informative. For the most part the members of the HDMS have done an excellent job. However, there has been an irreducible number of physicians who have chronically left their practices unattended during their absences, and the majority of the calls for emergency service came from this source. The abuses were minimal, and no disciplinary measures were necessary at any time.

The character of practice has changed markedly so that calls to the Emergency Medical Service have averaged less than 75 per month, and the number of calls referred to the man on the Emergency Medical Roster have averaged about five per month. The remainder of the calls were referred back to the attending doctor or the patient, because of the nature of his call, was referred directly to the emergency rooms of the local hospitals. From the grand total of over 5,000 calls that used to come to the switchboard annually, the service now handles approximately 850 calls per year. In addition, it is noted that about ten percent of the calls are for dental service, and this may be a matter for action by the Dental Society to have their own roster or to ask partial compensation for the administration of this service from the Dental Association.

The Chicopee area has averaged about twelve calls per month. Here the Emergency Medical Service functions only on Wednesdays and weekends, and because of the few who practice in this area their tours of duty are quite frequent. The physicians in that area have raised the question of being amal-

gamated into the Springfield area so that the man on call on the Springfield roster would also cover Chicopee. This is something for the Society to think about and for the incoming committee to consider and make its recommendations.

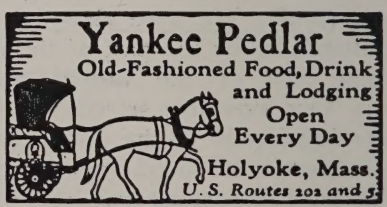
The Ludlow-Indian Orchard area received but about three calls per month, and although the people in that area complain that doctors "are hard to get", still from the records these emergency calls are always immediately covered.

Patients who are on welfare still patronize the Emergency Medical Service, not realizing that they may call any physician of their choice who will then be recompensed by the City Welfare Department upon presentation of a bill. The adamant refusal to render service to this group of people has resulted in a negligible number of calls where at one time the problem was beginning to assume serious proportions.

Unfortunately, statistics from the Holyoke area are not as detailed as the other above-mentioned areas, since the switchboard in Holyoke does not keep the same type of records as those kept in the Springfield area. There have been only minor problems in the Holyoke area, and those have been handled by the subcommittee chairman without any repercussions.

I am thankful for the opportunity to have been appointed to this committee for personally I gained a tremendous amount of knowledge in the inner workings of the Society. However, over a period of five years our ideas have been given an opportunity to be tried with some being successful and some ideas being less successful and, therefore, discarded. It is time now for another chairman with different views and perspectives to take over an organization that once was big and unwieldly but hammered into a useful arm of the medical society by our newly-elected President, Dr. Theodore Miner, whom I succeeded.

Peter S. Zarecki, Jr., M.D.
Chairman



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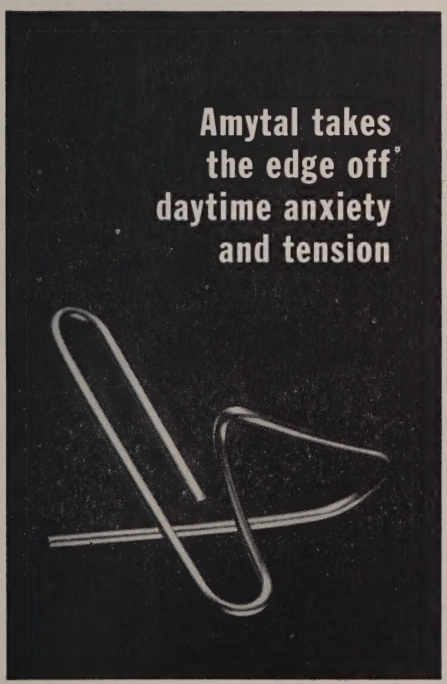

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LEGAL QUESTIONS

Q—Should a surgeon obtain the consent of the parents before performing a cosmetic nose operation on an 18-year-old girl?

A—The necessity for parental consent depends upon the law of the particular state. In some states girls reach their majority at the age of 18; in others, they do not reach their majority until they are 21 years of age. If the girl is a minor, it is desirable, even if not necessary, to obtain parental consent in the case of a cosmetic operation. Although the consent of a minor girl of this age might be sufficient to authorize surgery for medical reasons, parental consent would be advisable in the case of surgery solely for cosmetic reasons. *Lacey v. Laird,* 139 N.

Q—Is the consent of a married minor sufficient authorization, by itself, for an operation?

A—In some states, marriage results in "emancipation" of the minor from parental control, so that the minor becomes legally qualified to contract for and consent to his own medical care. It would appear that a minor who is legally married is qualified to consent to medical treatment in any state, since there are no reported court decisions which hold otherwise.

Q—If treatment of an expectant mother results in injury to the unborn child, is the physician liable to the parents for the injury to the child?

A—The physician may be liable if the injury results from his negligence in diagnosis or treatment. Previously, the general rule was that there could be no separate recovery for injuries to an unborn child, since it was considered to be merely a part of the mother without separate legal existence. More recently, however, courts have been recognizing the separate legal existence of the unborn child and have been allowing damages for injuries to it.

Q—Where a patient begins a series of treatments, is a physician liable for resulting injury if the patient fails to return for further treatments after starting the series?

A—The physician may be liable if he has failed to warn the patient of the danger that may follow from neglect or interruption of medical care. Where serious consequences might follow, it is advisable for the physician to write a letter to the patient warning him of the consequences and stating that he will treat the relationship as terminated by the patient's actions, unless the patient returns for treatment within a reasonable and specified time.

Q—If a patient has failed to pay pre-existing bill, may his physician refuse to continue treatment of the patient until the bill is paid?

A—If the patient is in need of further treatment for an illness or injury which the physician has undertaken to treat, the physician subjects himself to liability for abandonment if he refuses, without notice, to continue needed treatment unless the bill is paid. The physician may terminate his obligation to the patient by giving the patient reasonable advance notice sufficient to enable the patient to obtain the services of another physician. *Ricks v. Budge,* 64 P. 2d 208.

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Dear Hippocrat:

As you know, gamma globulin in large doses is widely believed to be of value in reducing the incidence of congenital deformities in infants born to women who are exposed to rubella during the first trimester of pregnacy.

However, the supplies of gamma globulin are seriously limited, and the evidence for its effectiveness in preventing rubella is conflicting. Therefore we feel obligated to accumulate as much information on this question as possible. Rubella is achieving record incidence so far this year, which makes it possible to collect especially valuable data now, when such data are most urgently needed.

Since some physicians have requested gamma globulin for pregnant patients we are asking your cooperation in filling in the questionnaire which you have received. This will be of great assistance in this study. A duplicate is provided for your files.

Thank you.

Geoffrey Edsall, M.D.
Superintendent
Mass. Dept. of Public Health

DISPOSABLE SYRINGES

Dear Hippocrat:

Once more the Health Department has received complaints from school authorities that disposable syringes are turning up in the hands of school children. These syringes clearly represent a serious danger to the health and well-being of school children and others. May I urge all members of the Hampden District Medical Society to break off the needle of each disposable syringe before throwing it away.

Lowell Bellin, M.D.
Commissioner of Public Health
Springfield

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Ernest A. Byron

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HAMPDEN CAPSULES

The annual Indoctrination dinner-meeting will be held on June 2.

Dr. Ralph Miller, Ware, is convalescing satisfactorily from surgery at home.

The newly expanded headquarters of H.D.M.S. have been completed. All are invited to visit it.

Dr. Marie H. Daniels, Holyoke, is convalescing favorably from a recent illness.

Five men have become Senior Members as of April 22, 1964: Drs. Eugene Boss. Sr., Fairy P. Brown, Arthur F. G. Edgelow, Frederick Hopkins, and Robert L. Loring.

The number of requests from Insurance Companies for copies of the HDMS Relative Value Schedule has greatly increased recently. The Insurance, Labor Relations, and Industrial Accidents Committee is presently in the process of revising this schedule. Members still having work to do on this project will please return it to the office so that the revision may be completed soon. We are running short of 1961 "schedules."

A draft call for 1,050 physicians can be expected this summer. The Defense Department says that the call is necessary because "insufficient number of medical school graduates volunteered for active duty immediately following internship." Most M.D. draftees will serve as general duty medical officers.

On Sunday, April 5th, twenty-seven members and five daughters of members of the Auxiliary assisted at some of the 41 centers set up in Hampden District to distribute oral polio vaccine. In several clinics, the response of the public was so much greater even than expected, that hurried calls were made for additional Auxiliary members, who came to the aid of fellow volunteers. Similar response is hoped for and expected on the second "polio Sunday," June 7th.

On May 8, the Society marked its third anniversary in its new quarters on State Street.

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PSYCHIATRY: A DECADE OF PROGRESS

In the March 21 issue of the JAMA, there appeared an article by Dr. Stuart C. Knox, a member of the Council on Mental Health of the AMA, entitled, *"A Decade of Progress in Psychiatry."*

In this article he called attention to the marked progress made in bringing psychiatry back into the "mainstream of medicine where it belongs." Among the developments that made it possible were the many innovations in psychotherapy, placement of psychiatric patients in general hospitals, the organization of community-centered psychiatric progress, and finally the extensive involvement of the nonpsychiatric physicians in the treatment of patients with mental disorders.

Parelleling this progress has been an outgoing program of education from which emerged a better understanding of the causes and treatment of psychiatric difficulties and a realization that a working knowledge of the phenomena of personality development and functioning is an essential part of the physician's armamentarium.

The AMA describes mental illness as "America's most pressing and complex health problem" and has been in the forefront encouraging the development of programs to meet the ever increasing needs in the field of mental health. For ten years it has sponsored annual meetings of mental health representatives of the state medical societies. Consequent to this, others evinced concern for better mental health. In 1954 the National Governors' Conference was held. In 1955 the Conference convened with the American Psychiatric Association and later established the Joint Commission of Mental Illness and Health. This action group summarized the total problem and provided plans for coping with the growing need.

In October, 1962 the AMA sponsored the first National Congress on Mental Illness and Health, the main purpose of which was to discuss and organize effective regional and state mental health activities to implement the AMA's mental health program.

In December, 1962 the National Association for Mental Health released a report compiled by the Council of State Governments covering a survey of progress in the Community Mental Health Services Program in the fifty states during the years 1960 to 1962. Nearly all of the states reported rapid strides.

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In February, 1963 President Kennedy submitted a plan to cover the nation's mental health needs that followed very closely that of the AMA, and stressed the value of community-centered programs.

The programs in these locally controlled facilities may include outpatient and inpatient services, diagnosis, treatment, day and night hospital services, consultations, education, and community relations. Also included may be day treatment centers and "walk-in" clinics for urgent situations. The minimal service in any community should be the provision of dependable information on how to proceed in acute psychiatric emergencies.

Since the National Congress, the AMA has continued aggressively to encourage and assist the states in furthering the implementation of their state programs. Reports indicate that there has been wide acceptance of the AMA's determination to provide active and meaningful leadership in the matters of mental illness and mental health.

The developments of the next few years promise to be even more momentous in providing the fullest integration of psychiatric insights into the mainstream of medicine.

Cooper

QUOTES OF NOTE

"Smoking must be made socially unacceptable. The image must be altered from one of sophistication to one of stupidity, from pleasure to discomfort, from soothing to irritating, and from 'being in' to 'being out.'"

George B. Whitney, M.D.

"It seems to me that we have much to learn from England's experience. England was a country which, like ours, had achieved supremacy with a system of private enterprise, and yet in a free election last summer, it voted overwhelmingly in favor of socialism.

"If we in this country wish to combat such a movement here — because there will be such a movement in the not too distant future — we must be willing to match our enthusiasm, interest and belief in the old and tried with the enthusiasm and interest and belief their people have for the new and novel."

John F. Kennedy
(1946)

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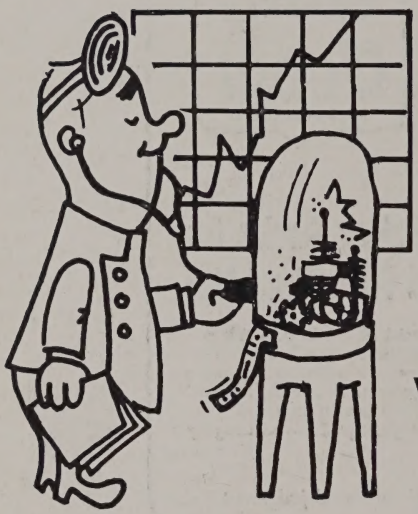

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